

Station No. \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ am pm Interviewer Initials \_\_\_\_\_ Sheet \_\_\_\_\_ of \_\_\_\_\_

Study Area \_\_\_\_\_

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle			<b>Trip Start or End at Home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other			<b>Commodity Hauled</b>	
<b>ORIGIN</b>						<b>DESTINATION</b>				
Street Address _____						Street Address _____				
City _____ State _____ Zip _____						City _____ State _____ Zip _____				
Cross-Street _____						Cross-Street _____				
Major Landmark _____						Major Landmark _____				
If Origin not in Study Area, entering route _____						Comment _____				

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle			<b>Trip Start or End at Home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other			<b>Commodity Hauled</b>	
<b>ORIGIN</b>						<b>DESTINATION</b>				
Street Address _____						Street Address _____				
City _____ State _____ Zip _____						City _____ State _____ Zip _____				
Cross-Street _____						Cross-Street _____				
Major Landmark _____						Major Landmark _____				
If Origin not in Study Area, entering route _____						Comment _____				

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle			<b>Trip Start or End at Home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other			<b>Commodity Hauled</b>	
<b>ORIGIN</b>						<b>DESTINATION</b>				
Street Address _____						Street Address _____				
City _____ State _____ Zip _____						City _____ State _____ Zip _____				
Cross-Street _____						Cross-Street _____				
Major Landmark _____						Major Landmark _____				
If Origin not in Study Area, entering route _____						Comment _____				

"From" Study Area \_\_\_\_\_

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle			<b>Heavy Truck</b>	<b>Other</b>	<b>Trip Start or End at Home ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other			<b>Commodity Hauled</b>
<b>ORIGIN</b>								<b>DESTINATION</b>			
Street Address _____ City _____ State _____ Zip _____ Cross-Street _____ Major Landmark _____ If Origin not in Study Area, entering route _____								Street Address _____ City _____ State _____ Zip _____ Cross-Street _____ Major Landmark _____ If Destination not in Study Area, exiting route _____			
<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle			<b>Heavy Truck</b>	<b>Other</b>	<b>Trip Start or End at Home ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other			<b>Commodity Hauled</b>
<b>ORIGIN</b>								<b>DESTINATION</b>			
Street Address _____ City _____ State _____ Zip _____ Cross-Street _____ Major Landmark _____ If Origin not in Study Area, entering route _____								Street Address _____ City _____ State _____ Zip _____ Cross-Street _____ Major Landmark _____ If Destination not in Study Area, exiting route _____			
<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle			<b>Heavy Truck</b>	<b>Other</b>	<b>Trip Start or End at Home ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other			<b>Commodity Hauled</b>
<b>ORIGIN</b>								<b>DESTINATION</b>			
Street Address _____ City _____ State _____ Zip _____ Cross-Street _____ Major Landmark _____ If Origin not in Study Area, entering route _____								Street Address _____ City _____ State _____ Zip _____ Cross-Street _____ Major Landmark _____ If Destination not in Study Area, exiting route _____			

6	OHIO DEPARTMENT OF TRANSPORTATION		CA	
7	<b>DEAR MOTORIST:</b> The Ohio Department of Transportation is collecting information on travel patterns to plan for needed improvements in the transportation system. Your cooperation will help the State of Ohio better serve your travel needs. Please complete this postage-paid form and mail it back today, even if you have received more than one card.			
8	A. How many people, including yourself, were in the vehicle when you received this card? (circle one)      1   2   3   4   5   5+			
9	B. Please identify the type of vehicle you were driving (circle one) Car/Cycle      Pickup      Truck      Other Van/4x4			
10	C. If a truck , what commodity was being hauled? _____			
11	D. Did this trip start at home? (circle one) Yes      No			
12	E. What was the purpose of this trip when given this card?(circle one) Home to Work      School      Shopping      Social or Recreational      Other Work to Home			
1	F. Where did you begin this trip (in this direction) today? Please be as specific as possible. Address _____ Number      Street _____ Nearest Cross Street _____ City, Village, Town      State      Zip Code			
2	If the address is not known, can you name an important building or place where this trip began? (hospital, school, shopping center, public building, etc.) _____			
3	G. If this trip did not begin in Franklin or Licking County, what route was taken to enter the area? _____			
4	H. Where did you end this trip today? Please be as specific as possible. Address _____ Number      Street _____ Nearest Cross Street _____ City, Village, Town      State      Zip Code			
5	If the address is not known, can you name an important building or place where this trip ended? (hospital, school, shopping center, public building, etc.) _____			
6	Please fill out and mail this card as soon as possible. Thank you for your help. information: (614) 466-7170			

Exhibit A

OHIO DEPARTMENT OF TRANSPORTATION		CB	
6	<b>DEAR MOTORIST:</b> The Ohio Department of Transportation is collecting information on travel patterns to plan for needed improvements in the transportation system. Your cooperation will help the State of Ohio better serve your travel needs. Please complete this postage-paid form and mail it back today, even if you have received more than one card.		
7	<b>A. How many people, including yourself,</b> <b>were in the vehicle when you received this card? (circle one)</b> 1   2   3   4   5   6+		
8	<b>B. Please identify the type of vehicle</b> <b>you were driving (circle one)</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Car/Cycle</span> <span>Pickup</span> <span>Truck</span> <span>Other</span> </div> <div style="text-align: center; margin-top: 5px;">Van/4x4</div>		
9	<b>C. If a truck,</b> <b>what commodity was being hauled?</b> _____		
	<b>D. Did this trip start at home? (circle one)</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> </div>		
10	<b>E. What was the purpose of this trip when given this card? (circle one)</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Home to Work</span> <span>School</span> <span>Shopping</span> <span>Social or</span> <span>Other</span> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Work to Home</span> <span></span> <span>Recreational</span> </div>		
11	<b>F. Where did you begin this trip (in this direction) today?</b> <b>Please be as specific as possible.</b> <b>Address</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number</span> <span>Street</span> </div>		
12	<b>Nearest Cross Street</b> _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City, Village, Town</span> <span>State</span> <span>Zip Code</span> </div>		
1	If the address is not known, can you name an important building or place where this trip began? (hospital, school, shopping center, public building, etc.) _____		
2	<b>G. If this trip did not begin in Franklin or Licking County,</b> <b>what route was taken to enter the area?</b> _____		
	<b>H. Where did you end this trip today? Please be as specific as possible.</b> <b>Address</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number</span> <span>Street</span> </div>		
3	<b>Nearest Cross Street</b> _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City, Village, Town</span> <span>State</span> <span>Zip Code</span> </div>		
4	If the address is not known, can you name an important building or place where this trip ended? (hospital, school, shopping center, public building, etc.) _____		
5	<b>I. If this trip did not end in Franklin or Licking County,</b> <b>what route was taken to leave the area?</b> _____		
6	<b>Please fill out and mail this card as soon as possible.</b> <b>Thank you for your help.</b> <div style="text-align: center; margin-top: 10px;">information: (814) 466-7170</div>		

**Exhibit A**

# OHIO ROADSIDE SURVEY

## Traffic Control Plan (TCP)

**STATION** \_\_\_\_\_

Facility		Jurisdiction	
Location		No. of lanes in each direction	
Direction		Divided Highway	
AADT		Percent Trucks	
Peak Hour		Peak Hour Volume	

Scheduled Date	
Day	
Survey Team	
Video Team	
Shared Station	

#1 - Police Department	
#2 - Police Department	
No. of Police Vehicles	

Approximate Sight Distance Available: \_\_\_\_\_ feet

Lane Width \_\_\_\_\_ 9' 10' 11' 12' 13' Type of Surface \_\_\_\_\_

Shoulder \_\_\_\_\_ Width \_\_\_\_\_ foot Paved Y N

Street Lighting \_\_\_\_\_ Yes No

Is there any place for convenient parking of survey crew vehicles? \_\_\_\_\_

Name of nearest cross street \_\_\_\_\_

Distance to nearest cross street \_\_\_\_\_ miles

**NOTES:**

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**CONCERNS:**

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**SPECIAL REQUIREMENTS:**

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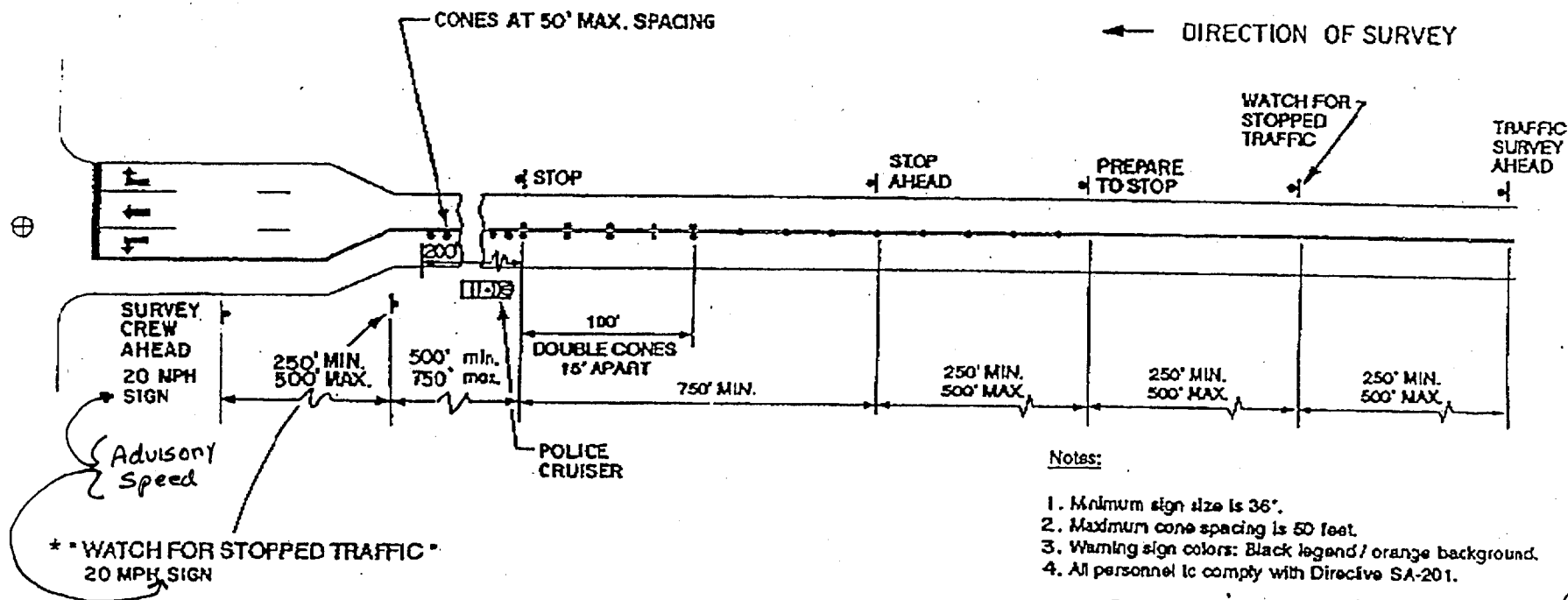
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**SIGNATURE** \_\_\_\_\_

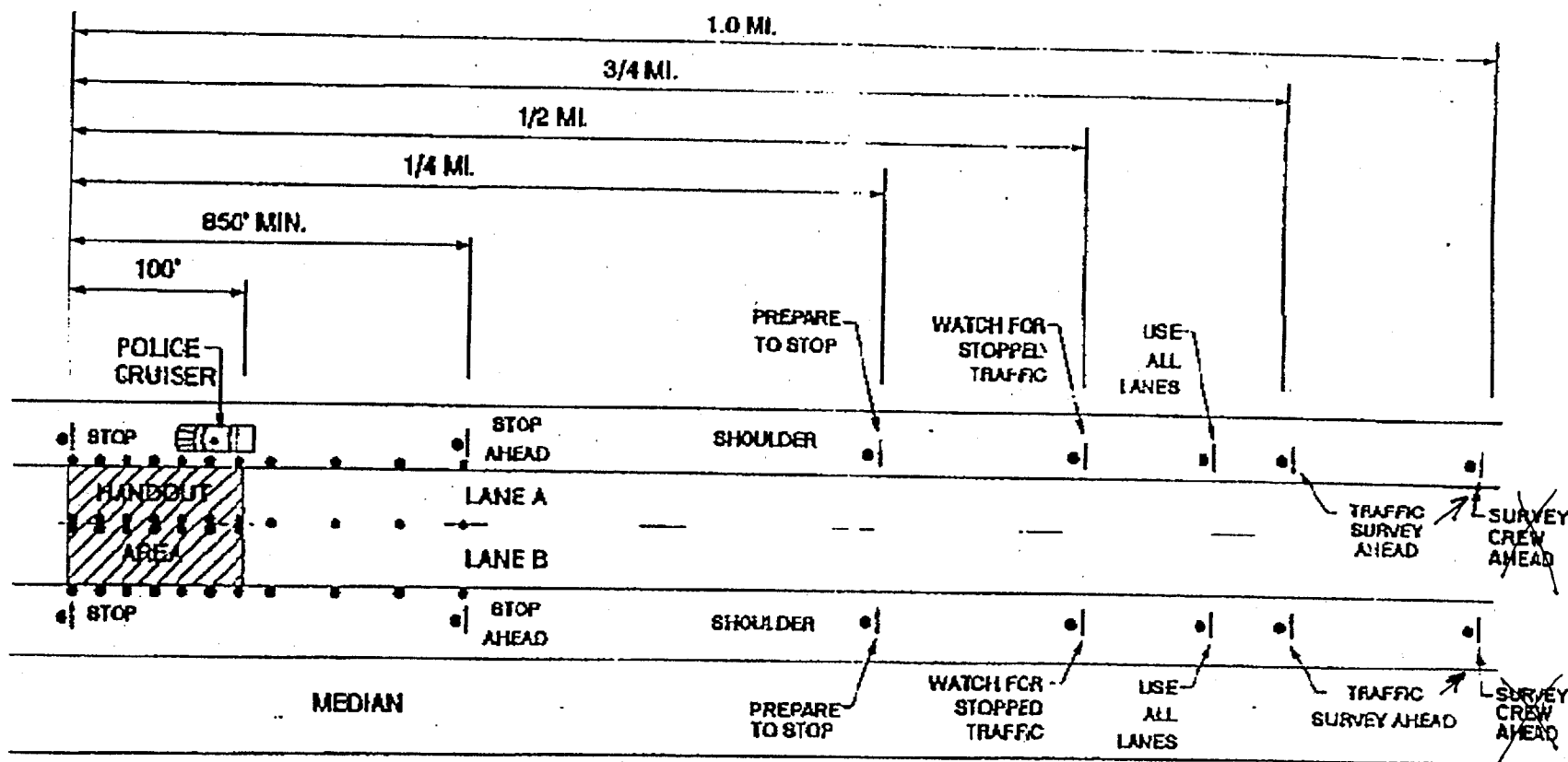
**DATE** \_\_\_\_\_



## 2 LANE TYPICAL STATION LAYOUT

Approved with revisions shown  
Kryzhevich 7-25-95





OFF-PEAK - SURVEY IN ALL LANES A & B

PEAK PERIODS - SURVEY LANE B ONLY - LANE A FREE FLOW BYPASS LANE  
 REMOVE "STOP", "STOP AHEAD" AND "PREPARE TO STOP"  
 SIGNS FROM RIGHT SHOULDER DURING PEAK PERIODS

Notes:

1. Minimum sign size 48"
2. Maximum cone spacing 50'
3. Warning sign colors B70.
4. All personnel to comply with Directive SA-201.

## TYPICAL MULTI-LANE DIVIDED ARTERIAL NON-INTERSTATE 2 LANES

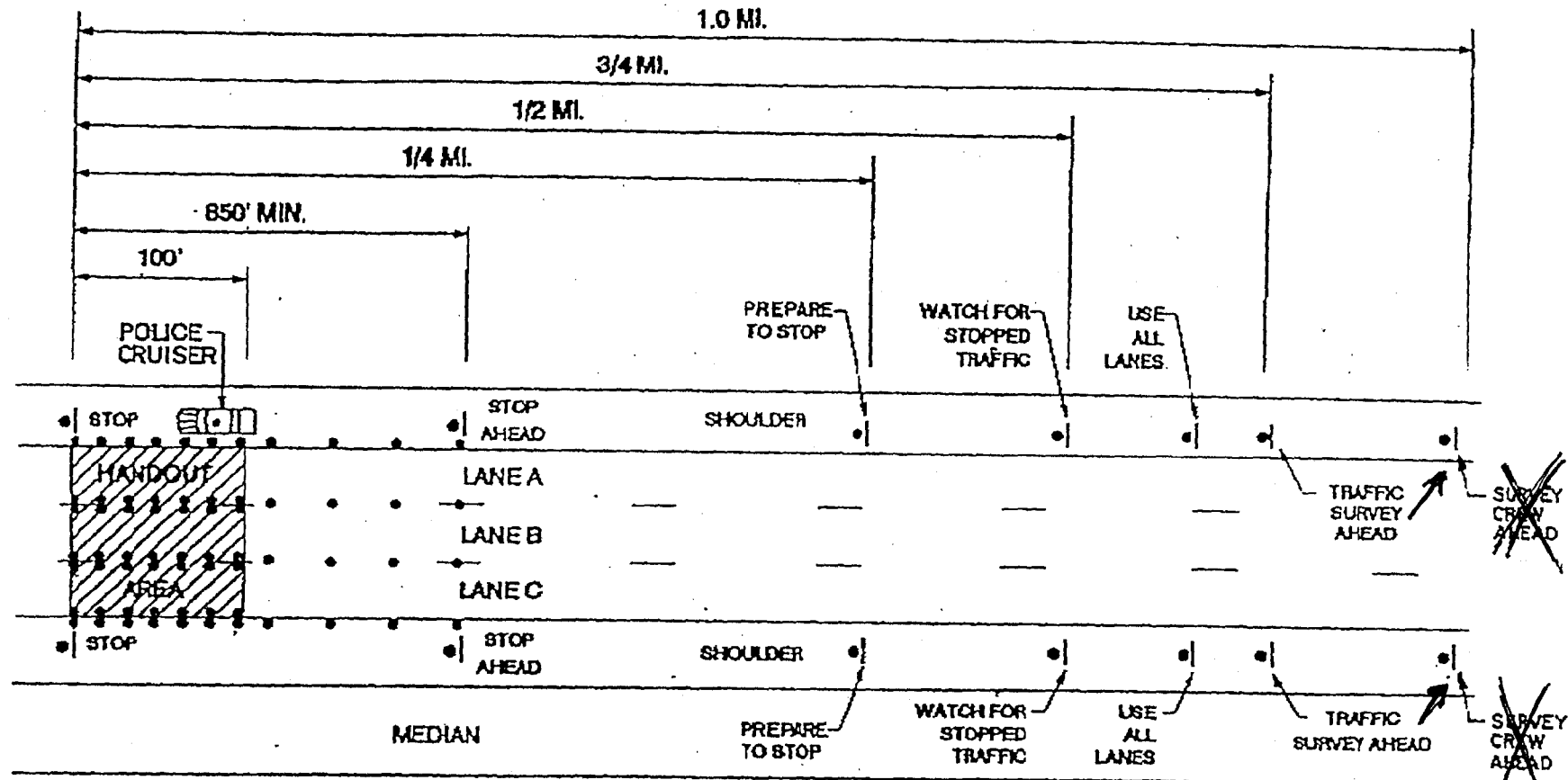
*Approved with revisions shown  
 2/25/95 7-25-95*

WILBUR SMITH ASSOCIATES

*5. All signs and cones used  
 during the hours of darkness  
 shall be reflectorized or  
 illuminated*

7-21-95





OFF-PEAK - SURVEY IN ALL LANES A, B & C

PEAK PERIODS - SURVEY LANE B & C ONLY - LANE A FREE FLOW BYPASS LANE  
 REMOVE "STOP", "STOP AHEAD" AND "PREPARE TO STOP" SIGNS FROM RIGHT SHOULDER DURING PEAK PERIODS

Notes:

1. Minimum sign size 48"
2. Maximum cone spacing 50'
3. Warning sign colors B/O.
4. All personnel to comply with Directive SA-201.

## TYPICAL MULTI-LANE DIVIDED ARTERIAL.

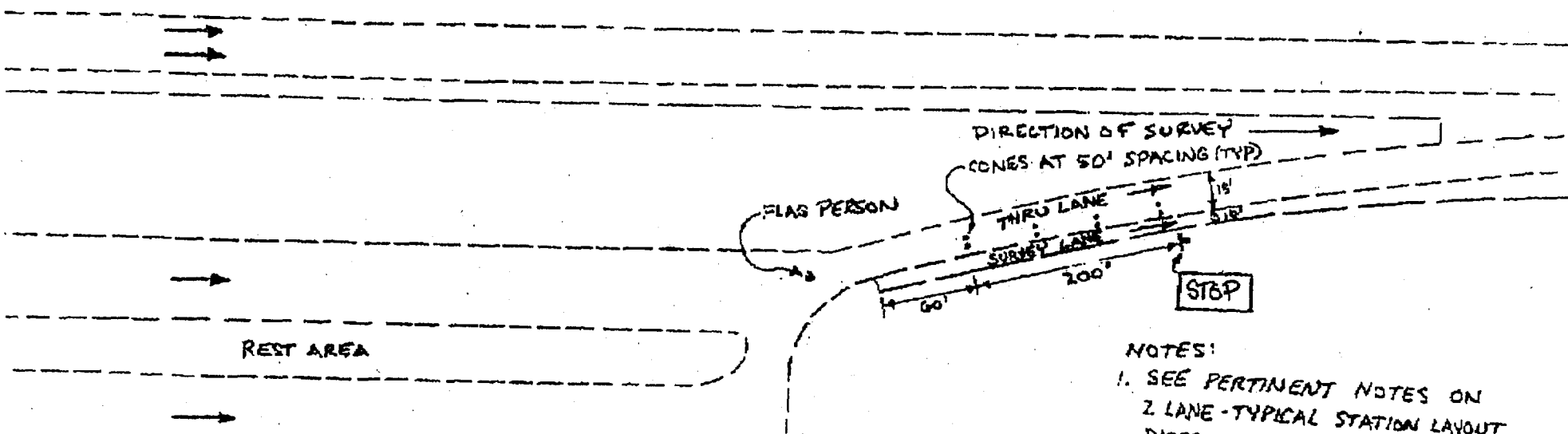
NON-INTERSTATE  
 3 LANES

Approved with revisions shown  
 7-25-95

WILBUR SMITH ASSOCIATES

5. All signs and cones used during the hours of darkness shall be reflectorized or illuminated

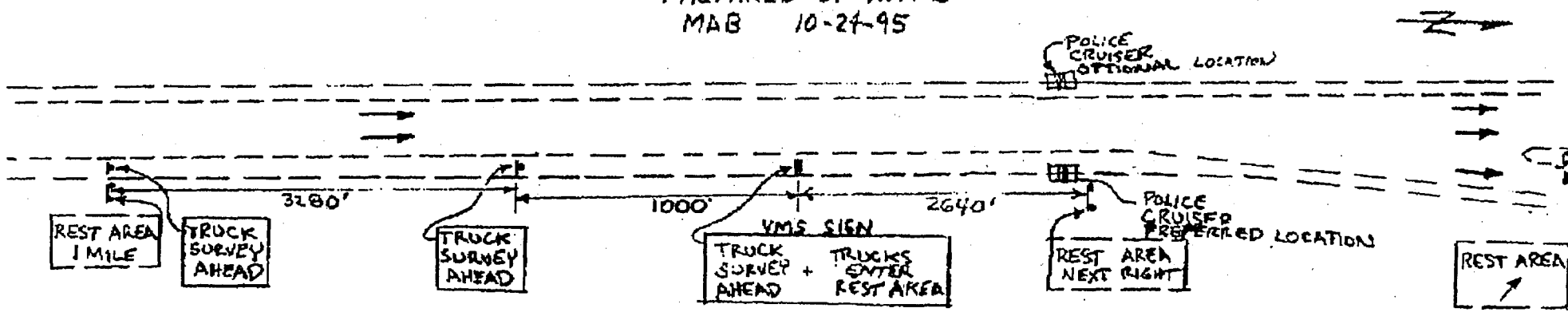
7-21-95



NOTES:  
 1. SEE PERTINENT NOTES ON  
 2 LANE - TYPICAL STATION LAYOUT  
 DATED 7-25-95.

# TRUCK SURVEY REST AREAS TYPICAL STATION LAYOUT

PREPARED BY HNTB  
 MAB 10-27-95



Station No. \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ am pm Interviewer Initials \_\_\_\_\_ Sheet \_\_\_\_\_ of \_\_\_\_\_

"From" Study Area \_\_\_\_\_ "To" Study Area \_\_\_\_\_

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle	Heavy Truck Other	<b>Trip Start or</b> End at Home ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other	<b>Commodity Hauled</b>
<b>ORIGIN</b>			<b>DESTINATION</b>		
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Cross-Street _____			Cross-Street _____		
Major Landmark _____			Major Landmark _____		
If Origin not in Study Area, entering route _____			If Destination not in Study Area, exiting route _____		

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle	Heavy Truck Other	<b>Trip Start or</b> End at Home ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other	<b>Commodity Hauled</b>
<b>ORIGIN</b>			<b>DESTINATION</b>		
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Cross-Street _____			Cross-Street _____		
Major Landmark _____			Major Landmark _____		
If Origin not in Study Area, entering route _____			If Destination not in Study Area, exiting route _____		

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle	Heavy Truck Other	<b>Trip Start or</b> End at Home ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle Occupancy:</b>	<b>Trip Purpose:</b> Home to or from Work    Shopping    Social or Rec.    Other	<b>Commodity Hauled</b>
<b>ORIGIN</b>			<b>DESTINATION</b>		
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Cross-Street _____			Cross-Street _____		
Major Landmark _____			Major Landmark _____		
If Origin not in Study Area, entering route _____			If Destination not in Study Area, exiting route _____		